

PROFESSIONAL REGISTRATION

CITY OF HIGH POINT

211 S. Hamilton St., High Point, NC 27260 Phone: 336-883-3151 Fax: 336-883-8518 Email: Permits@highpointnc.gov

Please fill out your personal information

*First Name:	_ Middle Initial:	*Last Name:	Suffix:
Business Name			
Title:			
*Address Line 1:			
Address Line 2:			
*City:			
*Work or Home Phone (xxx-xxx	-xxxx): ()	Extension:	
*Mobile Phone (xxx-xxx-xxxx):	(<u> </u>	
*Email:			
*Required for licensed North Ca	arolina General Contr	actors only	
Worker's Comp Insurance Com	npany:		
Worker's Comp Policy Number	r:		
Worker's Comp Exemption:	ν	Norkers Comp Expiration:	

^{**}This form may also be completed online at http://www.buildhighpoint.com/ProfessionalRegistration.pdf **.

Please fill out your Professional License Information

*Professional Category:

*License State: License Expira	ation Date (mm/dd/yyyy): _	
State License Number		
Contractor – Electrical	Contractor – Mechanical	Contractor – General
Elevators SP-EL	- H1 - Class 1	Building - Residentia
Fire Alarm / Low Voltage SP-FA-LV	– H1 – Class 2	Intermediate
Intermediate I	– H2	– Limited
		Unlimited

Limited L	– H3 – Class 1	
 Plumbing and heating – SP-PH 	– H3 – Class 2	Other Categories
- Signs SP-ES	Refrigeration	Contractor fire/sprinkler
 Single Family Dwelling SP-SFD 	Contractor – Plumbing	 Contractor Unlicensed
Swimming Pool SP-SP	– Class I	– Architect

Class II

Limited

Utilities

Architect – Landscape

Professional Engineer

Professional Surveyor

Additional Information: If there are multiple license numbers or expiration dates for this license holder please explain.

All documents can be submitted through: Mail: 211 S. Hamilton St., High Point, NC 27260

Email: Permits@highpointnc.gov

Fax: (336)883-8518

Unlimited U

Well Pumps SP-WP